



State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business and Professional Licensing
CORPORATIONS SECTION
PO Box 110808
Juneau AK 99811-0808

APPLICATION FOR CERTIFICATE OF LIMITED PARTNERSHIP

Domestic Limited Partnership

The undersigned natural person(s) of the age of 18 years or more, acting as partners(s) of a limited partnership adopt the following provisions:

1. Name of the limited partnership: (the name must contain the words "Limited Partnership" with no abbreviation.)

--

2. The address of the office of the limited partnership:

Name:			
Mailing Address:			
	City:	AK	ZIP Code:

3. Registered Agent Name and Address:

Name:			
Mailing Address:			
Physical Address if Mailing Address is a Post Office Box:			
	City:	AK	ZIP Code:

4. Name and business address of each general partner:

Name:			
Business Mailing Address:			
	City:	State:	ZIP Code:
Name:			
Mailing Address:			
	City:	State:	ZIP Code:
Name:			
Mailing Address:			
	City:	State:	ZIP Code:

Attach additional page to list additional general partners.

5. Any other matters the general partners determine to include:

--

Include the SIGNATURE and PRINTED name of each general partner:

Signed by the general partners this _____ day of _____, 20_____.

Signature of General Partner

Printed Name of General Partner

Attach additional page to list additional general partners.

If you have specific legal questions or concerns about this filing, you are strongly advised to consult an attorney or other professional to assist you. Mail the Application for Certificate of Limited Partnership and filing fee of **\$150.00** (in U.S. dollars) to:

State of Alaska
Corporations Section
PO Box 110808
Juneau, AK 99811

For additional information or forms please visit our web site at: www.corporations.alaska.gov